



**PATIENT PRESENTING CLINICAL SIGNS**

Timber Hunter GI issues, no improvement with medical management Metronidazole, Amoxicillin  
 Unremarkable CBC/Chemistry Panel, negative fecal

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

**Urinary System**

Lab Mix

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

**SEX**

M

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 3.7 cm in diameter. Intermittent small intraparenchymal cysts were present.

**AGE**

2012

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

80

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint areas of medullary mineral were present. The left kidney measured 7.2 cm in length. The right kidney measured 7.4 cm in length.

**INTERPRETED BY**

R. McKenzie Daniel,  
 DVM, DABVP  
 (Canine and Feline)

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.9 cm length x 0.86 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.7 cm length x 0.48 cm width at the caudal pole.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

**Spleen**

**HOSPITAL NAME**

Mill Pond VC

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

**REFERRING VET**

Dr. Thayer

**Liver/ Gallbladder**

**INVOICE**

14408

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**DATE**

7/26/22



**PATIENT** *Gastrointestinal*

**Timber Hunter** The stomach presented intact yet mildly prominent wall layering. Mild retained anechoic fluid and luminal gas were present. No evidence of mechanical pyloric outflow obstruction was noted. The ventral gastric body wall width measured 0.65 cm.

**SPECIES**

**Canine** The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The duodenum wall measured 0.40 cm width. The jejunum wall measured 0.35 cm width.

**BREED**

**Lab Mix** Normal visible colon wall layers were present with apparent formed feces in lumen.

**SEX**

M

*Pancreas*

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

**AGE**

2012

*Free Abdomen*

No overt lymphadenopathy or peritoneal effusion was present.

Both the left and right testicles were sonographically normal.

**WEIGHT**

80

**ULTRASONOGRAPHIC FINDINGS**

*Primary Findings*

- Gastritis pattern with mild retained fluid, potential mild hypomotile gastritis
- Overtly normal small bowel

*Secondary Findings*

- Benign prostatic hyperplasia with small prostatic cysts, minor potential for prostatitis
- Mild age-related kidneys

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If the gastrointestinal signs are generalized including vomiting and/or diarrhea +/- weight loss, a GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Without overt evidence of small intestinal mural changes and In light of sonographic evidence of gastric inflammation and potential hypomotility, some or all of the following protocol could be considered empirically. Resting cortisol level to screen or rule out occult Addison's Disease is warranted.

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Ultimately, endoscopic gastrointestinal biopsies may be indicated in this patient if persistent / progressive gastrointestinal signs despite empirical therapy. Three-view chest radiographs could be considered if not recently done to rule out occult thoracic or esophageal pathology If primary vomiting.

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A clinical trial of **Zithromax (Dogs: 5-10 mg/kg p.o. q24h. May increase dosing interval to q48h after 3-5 days of treatment), Metronidazole (10-20 mg/kg p.o. b.i.d.), Pepcid (0.5-1 mg/kg s.i.d.) and Sucralfate (0.5-2 g/dog PO) or Omeprazole (1 mg/kg p.o. s.i.d.)** over the next 3 weeks along with a

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**novel-protein or hydrolyzed diet** with slurry feeding b.i.d./t.i.d. over the next 2-4 days and then increase to canned diet bid. Dry food should be avoided over the next 4 weeks. A recheck sonogram to assess GI improvement or progression would be ideal in 4 weeks.

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Lab Mix

**SEX**

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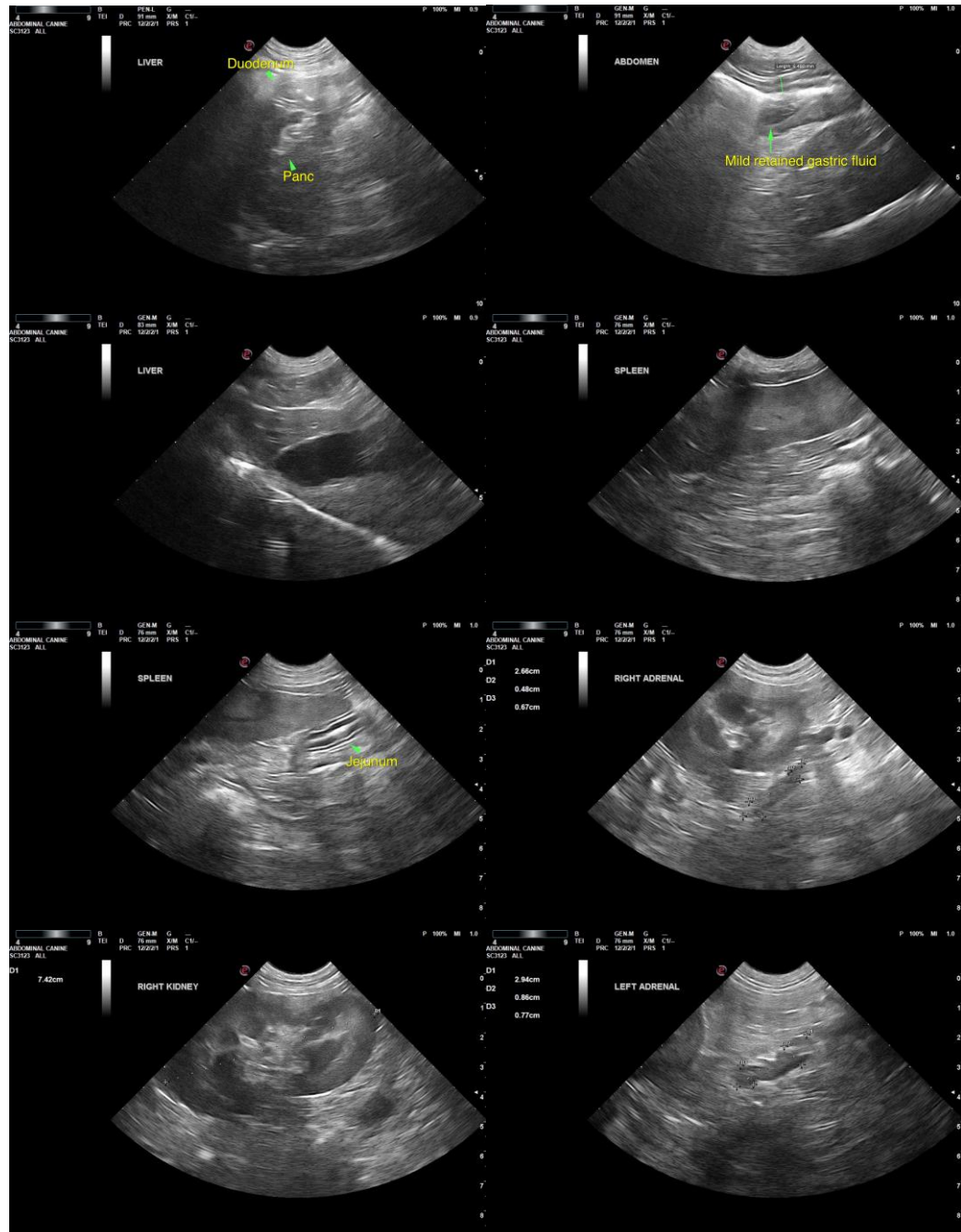
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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